PEST AVAILABLE COPY

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE OI			OTHER THAN R SMALL ENTITY	
TC	TAL CLAIMS	53					ſ	RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			<u> </u>		• 33			X\$ 9=	297.0	ðп	X\$18=	
INDEPENDENT CLAIMS			# mir	nus 3 =	*			X40=	40.03	OR	X80=	
MU	LTIPLE DEPEN	DENT CLAIM P	RESENT		-			+135=		OR	+270=	
* If the difference in column 1 is less than zero, e					, enter "0" in column 2			TOTAL	692.0	o R	TOTAL	
CLAIMS AS AMENDED - PART II								SMALL E		OR	OTHER SMALL I	
		(Column 1) CLAIMS	(A &)	(Colui		(Column 3)	r	JIVIALL		Un I	J.II.ALL.	ADDI-
AMENDMENT A		REMAINING AFTER AMENDMENT		NUM PREVI		PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	T OL 4114	=		X40=		OR	X80=	
Ļ	FIRST PRESE	NTATION OF M	OLTIPLE DEF	'ENDEN	ı ULAIM			+135=		OR	+270=	
								TOTAL		OR	TOTAL	
								ADDIT. FEE		ı 💛 ' '	ADDIT. FEE	
		(Column 1) CLAIMS			mn 2) HEST	(Column 3)	-	1	4001	1		4001
AMENDMENT B		REMAINING AFTER AMENDMENT		NUM PREVI	MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	* NTATION OF M	Minus	***	T CL AIRA	=		X40=		OR	X80=	
<u> </u>	FINOT PHESE	NIATION OF M	OLITE DEF	CINDEIN	CLANV		1	+135=		OR	+270=	
										OR	TOTAL ADDIT. FEE	
		(Column 1)			mn 2)	(Column 3)	•	ADDIT. FEE I		-		
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=] [X\$ 9=		OR	X\$18=	
	Independent	*	Minus ***		T OL 1111	<u> </u> =		X40=		OR	X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							.405			. 270	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+270= TOTAL	<u> </u>
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ADDIT. FEEOR											ADDIT. FEE	
		nber Previously Pa					er fou	ind in the ap	propriate bo	x in co	olumn 1.	